

## Hamilton County Hazardous Materials Member Application



This is a preliminary application form. Everything submitted to the Hamilton County Hazardous Materials Team will be kept confidential and will not be used for any purpose other than reviewing your eligibility as a prospective member of the Hamilton County HazMat Team. We will contact you as soon as soon as we have reviewed your information. Thank you for your interest.

Full Name		S.S. Number
Address		
Home Phone	Cell Phone	Other
Email		
Occupation	Age	Date of Birth
What hours are you available to	respond to emergencies	
Driver's License #	State of Iss	sued Driver's License Type
Driver's License Restrictions		
		ears? If yes, please explain
Please select highest grade com	pleted ( ) High School ( ) Col	ollege ( )College Degree Degree Type
In case of an emergency, name	of nearest relative	Relationship
Address		Phone
	and date obtained, agency and locati	tion
HazMat operations my require questions below.	the applicant to undergo periods of v	very strenuous physical activity. Therefore, please answer all the
Height Weight	List Serious injuries _	
Have you ever had a hernia rup	oture? When?	
Have you ever had an allergy o	r drug reaction? If yes, please expla	ain and when
Do you have any physical limita	ations which would prevent you from	n participating fully in HazMat operations? If yes, please explain
the application process could b	ta to past criminal history, and traffic e considered grounds for immediate	of the Hamilton County Hazardous Materials Team to investigate c history. Any falsification of data requested during any portion of termination of membership. In the event I leave or am terminated a all issued equipment or equipment belonging to the Hamilton

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